Iowa Care for Yourself – WISEWOMAN Program FY2014 through FY2016

Cardiovascular Screening Protocol Information Manual October 2015



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www.idph.iowa.gov/careforyourself

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WELCOME

Introduction

lowa *Care for Yourself* (CFY) WISEWOMAN (Well-Integrated Screening and Evaluation for **Wom**en Across the Nation) is a public health program of the lowa Department of Public Health, which provides cardiovascular (CVD) screening focusing on hypertension control, integrated with the lowa Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded by the Centers for Disease Control and Prevention (CDC). Participants receive cardiovascular screening together with breast and cervical cancer (BCC) screening.

WISEWOMAN extends the BCCEDP with additional preventive health services:

- Heart disease and stroke risk factor screening, which includes blood pressure (two measurements at each screening visit), cholesterol, glucose, height, weight, hip and waist circumference, personal family and medical history, lifestyle history, and readiness to change assessments.
- Lifestyle programs that promote heart-healthy eating and physical activity.
- Links for participants to free or low-cost community-based nutrition, physical activity, and tobacco cessation resources.
- Follow up blood pressure office visit (single follow up visit) for clients identified with an abnormal and/or alert value blood pressure at the baseline screening.

Vision of Iowa CFY WISEWOMAN

A world where all women can access preventive health services and gain the wisdom to improve her health.

Mission of Iowa CFY WISEWOMAN

Provide low-income, underinsured, or uninsured 40- to 64-year-old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases, such as diabetes and cancers.

How and Why Did WISEWOMAN Start?

Heart disease, stroke, cancer, and diabetes account for about two-thirds of all deaths in the United States. Many studies have shown that we can lower people's risk for illness and death from these chronic diseases by reducing risk factors such as high blood pressure, high cholesterol, obesity, poor diet, sedentary lifestyle, and smoking. However, screening, behavioral interventions, and any necessary treatment services for these risk factors are often beyond the reach of underinsured and uninsured women. According to the Department of Health and Human Services Region VII Status of Women in Iowa, 13.9% of all women are below the federal poverty level and of those 13.9%, approximately 43% are ages 45 and older.

To address this unmet need for preventing and detecting heart disease, stroke, and their risk factors among uninsured women, WISEWOMAN was authorized as a program in 1993 through federal legislative supplement to the law that established The Centers for Disease Control and Prevention's (CDC) Nation Breast and Cervical Cancer Early Detection Program (NBCCEDP).

In 1995, CDC launched the first WISEWOMAN demonstration projects in three states: Massachusetts, Arizona, and North Carolina. In 2001, Congress authorized WISEWOMAN to expand to 15 states, including lowa. Today, lowa continues as one of 21-funded programs in 20 states, including two tribal organizations in Alaska.

Provider Participation

Identified healthcare providers in the state have an opportunity to participate in the *Care for Yourself*-WISEWOMAN Program. Providers who participate in the program adhere to the following:

- **Sign a five-page contract (Appendix A) -** The five-page contract allows health care providers to participate in the Program by agreeing to follow procedures described in each direct service section of the program's Provider Contract Manual.
 - o Care for Yourself WISEWOMAN Cooperative Agreement;
 - Care for Yourself WISEWOMAN Application for Health Care Facility and Health Care Provider Enrollment:
- Copy of the facility W-9 form.
- Copy of CLIA Certificate if applicable.
- Accept the fee schedule See Care for Yourself website
 http://www.idph.iowa.gov/cfy/information-for-healthcare-providers, for a complete list of services and the program's reimbursement rates.
- Supply needed data about those screened The program attempts to interfere as little as possible with your facility's standard procedures while collecting important public health information about enrolled clients. This manual describes all documentation needed to participate in the program.
- Submit for reimbursement of procedures according to program guidelines Procedures are reimbursed for enrolled clients according to the guidelines set by the
 program's funder, the Centers for Disease Control and Prevention. These guidelines
 are designed to meet the greatest public health need.
- Assure staff participation in professional continuing education and training necessary to provide competent breast and cervical cancer screening, cardiovascular screening, diabetes screening, and follow up services.
- Assure that healthcare providers serving the clients of the program have a valid, current license, certification or registration to practice their profession or occupation as required by state statutes.
- Maintain appropriate state and federal occupational and facility licenses and certifications required to perform the services provided.
- Adhere to Screening Guidelines (See Appendix) and other policies set forth in this manual.
- Utilize only the contracted providers for referral.
- Discuss with client the services that are not covered by the Program and how those services will be paid for.

Email the five-page contract with the attached Cooperative Agreement and Application for Health Care Facility and Provider Enrollment to Sonya Loynachan at sonya.loynachan@idph.iowa.gov.

Questions on provider agreement/application, please call Sonya Loynachan, Program Manager at 515-725-0693.

Enrollment & Eligibility

CFY WISEWOMAN Program Enrollment and Eligibility

As of July 1, 2014, the *Care for Yourself* - WISEWOMAN Program Screening Program has implemented new procedures for enrolling women into the screening program. The program will serve the following:

- Women ages 40 to 64 years;
- Have incomes of up to 250% of Federal Poverty Level (FPL);
- Are uninsured or underinsured;
- Must be a Breast and Cervical Cancer Early Detection Program (BCCEDP)
 participant enrolled for integrated CFY program services (breast cancer
 screening and/or cervical cancer screening combined clinical office visit with
 WISEWOMAN screening services);
- Must reside in Iowa (Iowa CFY WISEWOMAN Program)*; and
 - *In the case where a non-lowa resident is enrolled in CFY WISEWOMAN Program and uses a non-lowa health care provider, services will not be reimbursed. The surrounding states of Nebraska, South Dakota, Minnesota, Wisconsin, Illinois, and Missouri all have the National Breast and Cervical Cancer Early Detection Program integrated with WISEWOMAN available to their residents.

Program & Documentation Guidance

The Care for Yourself - WISEWOMAN Program Screening Program services include

- A paid office visit that includes appropriate/recommended breast and cervical cancer screening and cardiovascular screening;
 - Two blood pressure measurements collected during the same date office visit:
 - *If an abnormal or alert value is identified, one follow-up office visit will be paid for (See Appendix B and C);
 - Height and weight;
 - Hip and waist circumference; (See Appendix B)
 - Fasting blood lipids (See Appendix B);
 - Fasting glucose measurements or glycated HbA1c (*only for clients previously diagnosed with diabetes) (See Appendix B);
 - *If an alert value is identified, one follow-up office visit will be paid for (See **Appendix B**); and
 - Tobacco cessation referral.

Cardiovascular (CVD) / Diabetes Screening

The policy for CVD screening of clients (40-64 yrs.) will be as follows:

- Baseline Screening: Clients 40-64 years of age will be eligible to receive an initial CVD screening in conjunction with a routine Breast and/or Cervical Screening visit.
 - o The client should arrive at her appointment fasting for lab draw if not conducted prior to screening visit. (No food or drink for 9 hours) o Labs should be done within 30 days before or after the screening office visit
- Second Screening: Clients will be eligible for a second required CVD screening at her next routine Breast and/or Cervical screening visit.
 o According to Program protocols, this visit should be 12-18 months after the initial screening visit.
- A CVD screening includes all of the following at each baseline or second screening visit:
- Height and weight measurements
- Two blood pressure readings*
- Hip and waist circumference measurements
- Fasting Total Cholesterol and HDL testing
- Fasting Blood glucose or an Hgb A1C if client already has a diagnosis of diabetes.

Also at each visit: Clients and clinicians should engage in dialog regarding tobacco use, medication access and adherence if applicable and risk reduction counseling related to healthy eating and physical activity.

A1c Testing for Clients age 40-64

Clients can have an Hgb A1c paid for by the program ONLY if the client has been previously diagnosed with diabetes. These clients are eligible to receive an A1c test in conjunction with their initial breast and cervical screening visit and/or at their second required screening visit.

*Blood Pressure Measurement Technique:

- Patients should not smoke, exercise, or have caffeine for at least 30 minutes before their blood pressure is measured.
- Patients should be seated quietly for at least 5 minutes in a chair (rather than on an exam table), with feet on the floor and arms supported at heart level.
- An appropriate sized cuff should be used (cuff bladder encircling at least 80% of the arm).
- A mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device should be used.
- At least two measurements should be taken and recorded, separated by a minimum of 2 minutes. If the first two readings differ by more than 5mmHg, additional measurements should be taken.

Medication Access/Adherence: Due to federal funding restrictions, the Program cannot assist clients financially with any medication a provider may prescribe for clients. A list of key resources for free or low-cost medications can be found in the Resources section of this manual.

Abnormal Screening Value: High blood pressure (hypertension) for adults is classified as a systolic blood pressure of 140 mmHg or higher, or a diastolic blood pressure of 90 mmHg or higher. Refer to **Appendix B and C**.

Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines (JNC-7) immediately or within one to three weeks following an abnormal high blood pressure measurement, for women without previously known hypertension

Alert Screening Values: Clinicians are expected to provide appropriate medical evaluation in accordance with national guidelines (JNC-7 and 2013 American Diabetes Association standards of medical care) immediately or within 7 days of alert

measurement. The Program will pay for one follow-up visit, but cannot pay for treatment.

- Alert values (See Appendix B and C) are defined as:
 - Systolic Blood Pressure >180 mmHg Systolic or >110 Diastolic Blood Pressure on CDC WISEWOMAN Guidance for the start of this program project period.
 - o Fasting or non-fasting Blood Glucose ≤50 mg/dL or ≥ 250 mg/dL.

Compensation & Billing

Compensation and Billing

Before being reimbursed by the *Care for Yourself*- WISEWOMAN Program healthcare providers agree to provide reports of findings and recommendations which are necessary to compile data and reports to the funder, the Centers for Disease Control and Prevention.

The Care for Yourself - WISEWOMAN Program contracts with Provider Claim Systems (PCS), a division of North Iowa Community Action Organization, to process claims and reimburse health care providers for covered services.

Reimbursable Services

Program reimbursement services and payment schedule can be found on the Care for Yourself website - http://www.idph.iowa.gov/cfy/information-for-healthcare-providers

Federal law requires that reimbursement with federal funds may not exceed Iowa Medicare Part B rates. Medicare and IA CFY Program reimbursement rates are updated annually. A woman enrolled in the IA CFY Program should not be billed for:

- o Any Care for Yourself- WISEWOMAN Program covered service, and
- o Collection and transportation of specimens. These costs are to be included in the office visit reimbursement. They should not be billed separately.

Claims Processing: Contact Provider Claim System (PCS)

- 1) Submit claims for reimbursement of services according to local *Care for Yourself* Program coordinator request; or
- 2) Provider facilities can submit claims to Provider Claim Systems (PCS) at the address below:

WISEWOMAN Program/Provider Claim Systems

PO Box 1608 Mason City, IA 50402-1608

Questions related about claims can be directed to 1-800-547-6789.

Allow 3 weeks for reimbursement from the time PCS receives the claim for reimbursement. PCS will send a remittance notice with the reimbursement check to identify claims being paid to the provider/health care facility.

CLAIM FORMS

Originals of the HCFA 1500 and the UB 04 are the only accepted forms to submit claims for payment. The following information must be included for a claim to be processed:

- Participant name and address
- Participant ID number
- Participant Birth date
- Date of service
- CPT code for each approved service(s) provided
- Charge for service
- Facility name, address, Tax ID number and NPI number
- Billing name, address and NPI number
- If insurance is involved, complete the following:
 - For the HCFA 1500, Boxes 28 (Total Charge), 29 (Amount Paid), & 30 (Balance Due)
 - o For the UB 04, Boxes 54 (Prior Payments) and 55 (Est. Amount Due)
 - o Submit the Explanation of Benefits (EOB) from an insurance company

Third-Party Billing

The Care for Yourself – WISEWOMAN program is the payer of last resort. Participating healthcare providers agree to file insurance, Medicare and other third-party claims first. You agree to accept the rates listed on the Fee Schedule (Appendix B) as payment in full.

If the third-party payment is greater than or equal to the maximum allowable cost described in the Fee Schedule, that amount must be considered payment in full. **DO NOT BILL** the program or the client for services.

If the third-party payment is less than maximum allowable costs described in the Fee Schedule, the claim should be sent to the Program, along with a copy of the explanation of benefits from the third-party payer. **Do not bill the client for these services.**

Resources

Professional and Public Education and Informational Resources

American Heart Association -

Statements, Guidelines & Clinical Updates
http://www.heart.org/HEARTORG/HealthcareResearch/Healthcare-Research UCM 001093 SubHomePage.isp

Blood Pressure

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) http://www.nhlbi.nih.gov/health-pro/guidelines/current/hypertension-jnc-7

United States Preventive Services Task Force (USPSTF) – Screening for High Blood Pressure Task Force Recommendation's

http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/hypertension-in-adults-screening-and-home-monitoring

Diabetes

American Diabetes Association Clinical Practice Recommendations: http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160

CDC Diabetes: www.cdc.gov/diabetes

Diet - Healthy Eating

Dietary Guidelines for Americans http://www.health.gov/Dietaryguidelines/

Therapeutic Lifestyle Changes (TLC) diet principles (ATP III) http://www.nhlbi.nih.gov/health/resources/heart/cholesterol-tlc

DASH eating plan (JNC 7)

https://www.nhlbi.nih.gov/health/health-topics/topics/dash

Cholesterol

National Cholesterol Education Program, Adult Treatment Panel III Report (ATP III)

http://www.nhlbi.nih.gov/files/docs/guidelines/atp3xsum.pdf

Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Panel III Guidelines http://www.nhlbi.nih.gov/files/docs/guidelines/atp3upd04.pdf

Heart and Stroke

Million Hearts Initiative: http://millionhearts.hhs.gov/index.html

CDC Heart Disease and Stroke Prevention: http://www.cdc.gov/dhdsp/

Krames Patient Education

(800) 333-3032 1100 Grundy Lane San Bruno, CA 94066-3030 http://www.kramesstore.com

One-stop-shop for client education materials in a variety of print and electronic formats available for purchase.

Medline Plus

www.medlineplus.gov

A service of U.S. National Library of Medicine and the National Institutes of Health. Site contains information on more than 650 health topics, drug information, a medical encyclopedia, and dictionary, as well as directories, current news and interactive tutorials. (Select articles available in 40 different languages, downloadable in PDF format.)

Medication Access – Due to federal funding rules WISEWOMAN program funds cannot be used for treatment, including medication. Therefore, State/Tribal programs must develop a system to ensure access to free or low-cost medications for women who require this augmentation to lifestyle behavior changes.

Minimum data elements related to medication access for women with alert screening values must be collected and submitted to CDC.

A list of potential resources follows.*

Iowa Prescription Drug Corporation www.iowapdc.org

The Iowa Drug Donation Repository

lowa is one of the few states in the country that has a drug donation repository to provide short-term pharmaceutical assistance to low income and under-or uninsured patients. The lowa Drug Donation Repository, managed by the lowa Prescription Drug Corporation (IPDC), is not intended to supplant state or federal programs but to serve patients who need short-term assistance, such as an insured patient who cannot afford a drug co-pay or a senior who has reached the Medicare Assistance coverage gap.

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The Repository accepts medical supplies and non-controlled medications that have an expiration date greater than six months from the date of the donation, are contained in original sealed or unit-dose tamper-evident packaging, and do not require refrigeration. Iowans at or below 200% of the federal poverty level who are uninsured or underinsured are eligible to receive medication and supplies from the Iowa Drug Donation Repository if their health care providers request assistance on behalf of their eligible patients. The requested medications are then distributed through participating medical facilities and pharmacies. Over 220 medical facilities across Iowa, including community health centers, rural health clinics, free clinics, physicians' clinics, hospitals and pharmacies partner with the Repository help meet the pharmaceutical needs of their eligible patients.

If you would like to donate medications or sign up your medical facility to dispense donated medications and supplies, please contact IPDC at (515) 327- 5405 or you may visit the web site at www.iowapdc.org.

State Pharmaceutical Assistance Programs

https://www.medicare.gov/pharmaceutical-assistance-program/state-programs.aspx
It identifies states that have programs to provide pharmaceutical coverage or assistance, primarily to low-income older people or people with disabilities who do not qualify for Medicaid.

340B Drug Discount Program

http://www.hrsa.gov/opa/eligibilityandregistration/index.html

This website is a Health Resources and Services Administration program that gives certain Federally-funded grantees access to low-cost pharmaceutical drugs.

Goodrx.com

http://www.goodrx.com

The website compares the prices of pharmaceutical drugs available at local pharmacies.

The Partnership for Prescription Assistance

https://www.pparx.org/

The Partnership for Prescription Assistance helps qualifying patients without prescription drug coverage receive the medicines they need for free or nearly free. The partnership strives to increase awareness of patient assistance programs and boost enrollment of those who are eligible. They offer a single point of access to more than 475 public and private programs, including nearly 200 offered by biopharmaceutical companies.

Rx Assist

www.rxassist.org

_A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications.

Rx Hope

https://www.rxhope.org/

A free program that helps physician's offices apply for, obtain, and track requests for no-cost medications offered by Federal, State, and charitable organizations.

* **NOTE:** Links to non-Federal organizations in this document are provided solely as a courtesy to health care providers and agencies. These links do not constitute endorsements of these organizations or their programs by CDC or the Federal government, CDC nor the state program is responsible for the content of the individual organizations' Web pages found at these links.

National Women's Health Network

(202)682-2640

www.nwhn.org

Provides newsletters and position papers on women's health topics.

Office of Minority Health

http://minorityhealth.hhs.gov/

The Office is dedicated to improving the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.

Obesity Education Initiative's Guidelines for Weight Management

http://www.nhlbi.nih.gov/health-pro/guidelines/current/obesity-quidelines/e textbook/txqd/43.htm

The Practical Guide: Identification, Evaluation, and Treatment of Overweight and Obesity in Adults

https://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf

Physical Activity

CDC/American College of Sports Medicine (ACSM) recommendations http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/older_adults.htm

Surgeon General's recommendations for physical activity http://www.cdc.gov/nccdphp/sgr/contents.htm

The Task Force on Community Preventive Services systematic reviews of community interventions to increase physical activity http://www.thecommunityguide.org/pa/default.htm

Tobacco Cessation

Quitline Iowa

https://www.quitnow.net/iowa/

Additional Resources can be found at:

http://www.cdc.gov/wisewoman/

Glossary

A1C Test – Glycated hemoglobin, as known as hemoglobin A1c or A1C, or sometimes also HbA1c. It is a hemoglobin test to measure the average plasma glucose concentration over previous months (approximately over six to 12 weeks of time; over a period of 120 days) to assess how diabetes is being controlled and is used in conjunction with home blood sugar monitoring to make adjustments in medicines for patients with diabetes.

For persons without diabetes, the normal range for the hemoglobin A1c test is between 4% and 5.6%. Hemoglobin A1c levels between 5.7% and 6.4% indicate increased risk of diabetes, and levels of 6.5% or higher indicate diabetes. Because studies have repeatedly shown that out-of-control diabetes results in complications from the disease, the goal for people with diabetes is a hemoglobin A1c less than 7%. The higher the hemoglobin A1c, the higher the risks of developing complications related to diabetes.

ATP III - Adult Treatment Panel III Report (National Cholesterol Education Program, 2001

BCCEDP - Breast and Cervical Cancer Early Detection Program a State/Tribal-level program is federal funded through the CDC resulting from the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) legislated in 1995. The WISEWOMAN program was a legislative supplement to the Breast and Cervical Cancer Mortality Prevention Act, in 1993 through legislative. WISEWOMAN originally began as a demonstration project and then as a program in 1995.

BODY MASS INDEX (BMI) – A measurement of body mass that is correlated with skinfold thickness and body density.

CARDIOVASCULAR – Pertaining to the heart and blood vessels.

CDC – Acronym for Centers for Disease Control and Prevention.

CFY - Care for Yourself program

CLIA – Clinical Laboratory Improvement Amendments standards for laboratories.

CHOLESTEROL – A waxy, fat-like substance present in every cell in the body and in many foods.

CVD – Acronym for Cardiovascular Disease.

DASH – Dietary Approaches to Stop Hypertension

DBP – Diastolic blood pressure

DHHS – Department of Health and Human Services

DIABETES – Diabetes mellitus is a chronic syndrome of impaired carbohydrate, protein, and fat metabolism due to insufficient secretion of insulin or to target tissue insulin resistance.

DIAGNOSTIC SERVICES – Services rendered to a client who needs follow up after a screening visit that resulted in an abnormal finding.

FASTING – Abstaining from all food and drink, 9 hours.

FOLLOW UP VISIT – A scheduled repeat visit with a client to reevaluate a condition that was noted at the screening visit, as abnormal or alert value.

HC – Health Care Provider

HBP – High blood pressure

HDL-C – High-density lipoprotein cholesterol

HTN – Hypertension

HYPERTENSION – Persistently high arterial blood pressure

JNC 7 – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7, 2007)

LDL-C – Low-density lipoprotein cholesterol

LIPID PANEL – A group of blood tests that determines risk of coronary heart disease; includes total cholesterol, HDL, LDL, and triglycerides.

MDE – Minimum data element

MTM – Medicated Therapy Management

NHLBI - National Heart, Lung, and Blood Institute

NIH - National Institutes of Health

OBESE – Having a body mass index (BMI) of 30 or above

RISK FACTORS – An aspect of personal behavior or lifestyle, environment exposure, or inherited characteristic which, on the basis of epidemiologic evidence, is known to be associated with a health related condition considered important to prevent.

SCREENING GUIDELINES – Screening requirements for WISEWOMAN for reimbursement by program funder.

SBP – Systolic blood pressure

TLC – Therapeutic lifestyle changes

WISEWOMAN -- (Well-Integrated Screening and Evaluation for Women Across the Nation)

Appendix